

Combined Declaration For Patent Application and Power of Attorney

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD FOR PRODUCING HIGH SURFACE AREA FOIL ELECTRODES, the specification of which (check one) ☒ is attached hereto. ☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_. I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

|                   |                   |                          |
|-------------------|-------------------|--------------------------|
| <u>NONE</u>       |                   |                          |
| (number)          | (Country)         | (Day, Month, Year Filed) |
| <u>          </u> | <u>          </u> | <u>          </u>        |
| (number)          | (Country)         | (Day, Month, Year Filed) |
| <u>          </u> | <u>          </u> | <u>          </u>        |
| (number)          | (Country)         | (Day, Month, Year Filed) |
| <u>          </u> | <u>          </u> | <u>          </u>        |

Priority Claimed

|                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States Application(s) listed below insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to use material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing of the prior application and the national or PCT international filing date of this application:

|                         |                   |                                |
|-------------------------|-------------------|--------------------------------|
| <u>NONE</u>             |                   |                                |
| Application Serial No.) | (Filing Date)     | Status                         |
| <u>          </u>       | <u>          </u> | (patented, pending, abandoned) |
| <u>          </u>       | <u>          </u> | <u>          </u>              |
| Application Serial No.) | (Filing Date)     | Status                         |
| <u>          </u>       | <u>          </u> | (patented, pending, abandoned) |

I hereby appoint the following attorneys, with full power of substitution, association, and revocation, to prosecute application and to transact all business in the Patent and Trademark Office connected therewith.

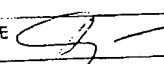
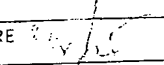
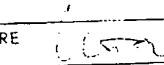
Mark M. Friedman      Registration No. 33,883

less all Correspondence to:

DR. MARK FRIEDMAN & CO.  
c/o ANTHONY CASTORINA  
20001 JEFFERSON DAVIS HIGHWAY, SUITE 207  
ARLINGTON, VIRGINIA 22202

Direct all telephone calls & faxes to:  
ROBERT SHEINBEIN  
Phone (301) 996-3558  
Fax (301) 871-1631

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statement may jeopardize the validity of the application of any patent issued thereon.

|   |   |                |
|---|---|----------------|
| *FULL NAME OF SOLE OR FIRST INVENTOR<br>DINA KAISIR         | INVENTOR'S SIGNATURE  | DATE 11-Feb-98 |
| RESIDENCE<br>ZEAT 22/8, 84770 BEER SHEVA, ISRAEL            | CITIZENSHIP<br>ISRAELI  |                |
| POST OFFICE ADDRESS<br>ZEAT 22/8, 84770 BEER SHEVA, ISRAEL  |   |                |
| *FULL NAME OF SECOND INVENTOR<br>IRIS TARTAKOVSKY           | INVENTOR'S SIGNATURE  | DATE 11-Feb-98 |
| RESIDENCE<br>EFRAT 8/10, 82000 KIRYAT GAT, ISRAEL           | CITIZENSHIP<br>ISRAELI  |                |
| POST OFFICE ADDRESS<br>EFRAT 8/10, 82000 KIRYAT GAT, ISRAEL |   |                |
| *FULL NAME OF THIRD INVENTOR<br>ISRAEL TARTAKOVSKY          | INVENTOR'S SIGNATURE  | DATE 11-Feb-98 |
| RESIDENCE<br>EFRAT 8/10, 82000 KIRYAT GAT, ISRAEL           | CITIZENSHIP<br>ISRAELI  |                |
| POST OFFICE ADDRESS<br>EFRAT 8/10, 82000 KIRYAT GAT, ISRAEL |   |                |